

Work Order ID 119493

119493

Page 1

Friday, May 16, 2014 12:51:27 PM

Item ID: D3305-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Cushion
 Start Date: 5/15/14 Start Qty: 4.00 *4* Cust Item ID:
 Required Date: 5/15/14 Req'd Qty: 4.00 *4* Customer:
 Reference:

Approvals: Process Plan: MCS Date: 14-05-22 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start *NR1*
 Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3305	Rev B

100 PURCHASING 0.00
 100
 Purchasing Memo 0.00
 Purchasing Issue P/O: 24310 Manufacture as per Dwg D3305 Possible
 Supplier: Aerotex Interiors Material release note is required
CD 14/05/12 3 6

110 Receive & Inspect for Damage & Mat'l Certs 0.00
 110
 Packaging Memo 0.00
 Packaging Ensure Material Release Note is attached
Cox 5014-6-3

120 QC6- Inspect dimensions to drawing 0.00
 120
 QC Memo 0.00
 Quality Control
14/6/13
6

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 119493

119493

Page 2

Friday, May 16, 2014 12:51:27 PM

Item ID: D3305-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Cushion

Start Date: 5/15/14 Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/15/14 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

Identify as per dwg & Stock Location: _____

0.00

130

Packaging

Memo

PPP119667

0.00

Packaging

6X ~~28~~ ~~9-88~~ JUN 03 2014

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

MLJ 14-06-04

14-604

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

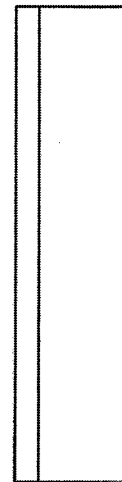
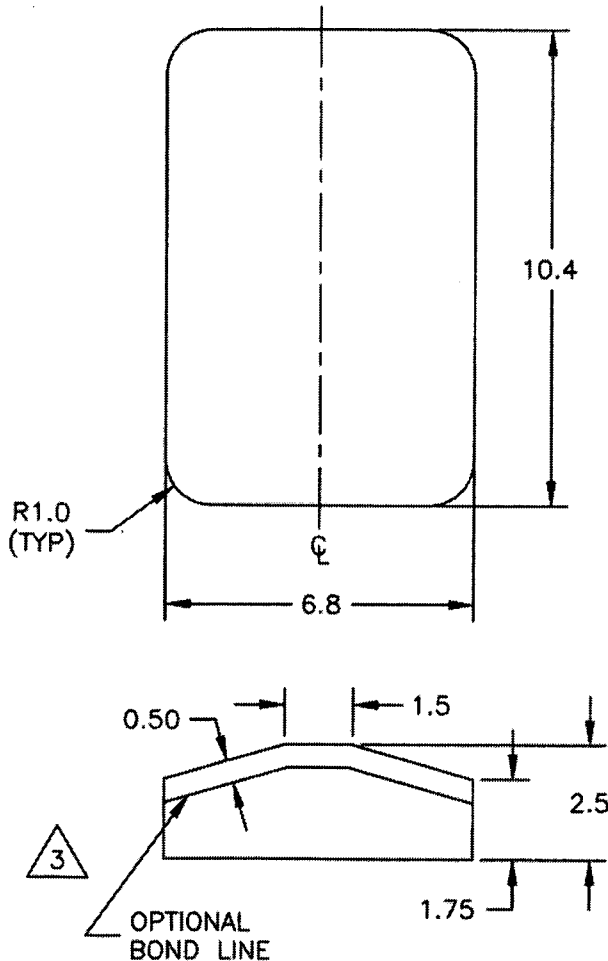
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART

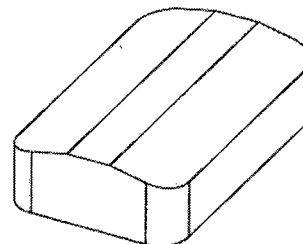
DESIGN RT	DRAWN BY RT	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3305	REV. B SHEET 1 OF 1
DATE 04.10.14		TITLE CUSHION	SCALE NTS
A	04.08.18	NEW ISSUE	
B	04.10.14	ADD BONDING SPEC.	

RELEASED

04.10.15 #



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 119493 MLS
140522

**D3305-1****D3305-1 NOTES:**

- 1) POSSIBLE SUPPLIER: AEROTEX INTERIORS INC.
- 2) MATERIAL: SKANDIA HR150 POLYFOAM (4.6 LBS/CU FT) TO MEET THE BURN TEST REQUIREMENTS OF FAR 29.853a2
- 3) CUSHION MAY BE ASSEMBLED BY BONDING A 0.5" PIECE OF FOAM TO A 2.0" PIECE OF FOAM AS SHOWN ABOVE USING 3M 1300 ADHESIVE (0.002" TO 0.010" THICK) I.A.W. MANUFACTURER'S INSTRUCTIONS
- 4) PART IS SYMMETRIC ABOUT CENTERLINE
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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151-2340 Pegasus Way NE
Calgary, AB T2E 8M5
PH: 403.295.8770 FX: 403.313.0793
EM: info@aerotex.ca WS: www.aerotex.ca

Packing Slip

Date Packing Slip#

6/2/2014 14-344

Ship: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
CANADA

Customer Phone
613.632.5200

Customer Fax
613.632.1053

Ship Via
Fedex P1

Courier Acct No.

Bill: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, Ontario K6A 1K7
CANADA

Email: dbates@dartaero.com

Ship Date P.O. No.

6/2/2014 PO24310

Description	PN	ALT PN	Back Order	Shipped	Qty
HEAD REST CUSHION AS PER DWG. D3305	D3305-1P				✓ 6
HEAD REST COVER WITH 3 VELCRO CLOSURE AS PER DWG D3306 GST On Sales	D3306-041P				✓ 6

SP14-6-3.

Look forward to doing business with you!

GST/HST No. 139110308

"your one stop shop for all your aircraft interior needs"

www.aerotex.ca



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO24310

Purchase Order Date 5/23/2014

PO Print Date 5/23/2014

Page Number 1 of 2

Order From :

VC-AER003

Ship To : DART AEROSPACE LTD

AEROTEX INTERIORS INC.
2340 PEGASUS WAY NE
UNIT 151
CALGARY, AB T2E 8M5
CA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

PAID
5/23/2014

Contact Name

Vendor Phone

403 295 8770

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Ship To Contact

Ship To Phone

Terms

Net 30

Ship Via:

FedEx PI collect

Currency

CAD

Ship Acct:

FOB

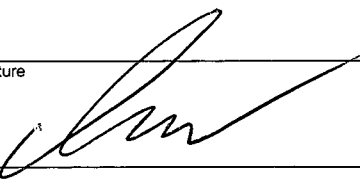

FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extend Pri
Line Comments		Promise Date					
Delivery Comments							
1	D3305-1P	Cushion	6/6/2014 Yes 6/6/2014		6.00 ✓ Each	\$40.00	\$240.
AS PER DWG D3305 REV. B B119493							
						Line Total:	\$240.
2	D3306-041P	Cover Assembly	6/6/2014 Yes 6/6/2014		6.00 ✓ Each	\$62.50	\$375.
AS PER DWG D3306 REV. B B119667							
						Line Total:	\$375.

SP 14-6-3

Note:

5/23/2014

1. Organization issuing certificate. Aerotex Interiors Inc., #151-2340 Pegasus Way NE Calgary, AB T2E 8M5		2. CERTIFICATE OF CONFORMANCE				3. Work Order / Contract / Invoice 14-344	
4. Customer Name/Address DART Aerospace LTD 1270 Aberdeen Hawkesbury, ON K6A 1K7 CANADA						5. Purchase Order PO24310	
6. Unit	7. Materials Used for Items	8. Specifications	9. Batch	10. Item	11. Part Number	12. Quantity	13. Status
1	UC65	HR150 Polyfoam (4.6 LBS/CU FT)	6307	HEAD REST CUSHION	D3305-1P	6	NEW
14. Remarks I certify that the materials supplied for the Purchase/Repair Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG. NO. D3305							
15. Signature 		16. Title QC Manager					
17. Name Jack Poovong		Jun 2nd, 2014					